

Review Form 1.6

Journal Name:	Asian Journal of Research and Reports in Urology
Manuscript Number:	Ms_AJRRU_82938
Title of the Manuscript:	Successful laparoscopic management of hydroperitoneum- a rare complication of retrograde intra renal surgery (RIRS).
Type of the Article	Case report

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajrru.com/index.php/AJRRU/editorial-policy>)

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Overall opinion - this article is well-written, concise and clear. -Introduction- What is unique about this case? What does it add to the medical literature? -Specify the cause of this complication? Ureteral rupture? Rupture of calyces? And what was the cause? Prolonged operation? High air pressure used? Etc -Important follow-up diagnostic and other test results. -Discussion of the strengths and limitations in your approach to this case. -Conclusion—What are the main “ take-away ” lessons from this case?	<u>Introduction</u> : The unique thing about the case is that complication was immediately noticed while the patient was in recovery. This is only second article with complication of hydroperitoneum, and the first to be managed laparoscopically in immediate postoperative period. <u>Cause of complication</u> : is the perforation in the calyx which had very thin parenchyma which must have caused it. Also, high water pressures were used which during the surgery. <u>Follow up</u> : Once the patient settled and the drain removed in the post operative period, no other follow up test was required. <u>Strength & limitations</u> : Since the patient had picture of peritonitis in recovery postop, & immediately addressed by laparoscopy to rule out any other cause with diagnosis made of a retroperitoneal collection, the opening of right paracolic gutter helped drain the collection immediately rather than wait for imaging which would lead to worsening of the patient. Limitation would be that patient would be unfit or elderly since high pressures were used initially to gain access. <u>Take-away lesson</u> : avoid using high pressures during RIRS procedure in the presence of thin parenchyma with stone in calyx and always use access sheath.
Minor REVISION comments	1) Please provide the keywords based on MeSH terms. (http://www.nlm.nih.gov/mesh/MBrowser.html) 2) The keywords should be sorted alphabetically. 3) Medical, family, and psychosocial history including relevant genetic information.	2-abdominal compartment syndrome, diagnostic laparoscopy, hydroperitoneum, intra-abdominal pressure 3-no relevant medical/ family history.
Optional/General comments		

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	No ethical issues. Patient consent was taken preoperatively since it was emergency